

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2018 - 311 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Ravii Glover d.b.a. Transportation Namy, LLC

Telephone: 864 516 3478

Address: 308 Sholly Lane  
Greenville, SC 29607


Fax: 866-819-0482

Other:

Email: Ravii.Glover@transportationnamy.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate   |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority  |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)  |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit   |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request  |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit  |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit   |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter   |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order   |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit  |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter   |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response   |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition   |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other:  |

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 6-19-2018

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Transportation Nanny, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name).

308 Shoally Lane

Street Address of Applicant

Greenville, SC 29607

Mailing Address of Applicant (if different from street address)

(864) 901-7689

Phone

866-819-0482

Fax

Ravii.GLOVER@transportationnanny.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

#### Assets:

Value of Real Estate

Ø

Value of Motor Vehicles

33,000

Cash on Hand

Ø

Cash in Bank

1200.00

Value of Other Assets and Equipment

1,000

Total Assets

~~PPR 34,800.00~~ \$35,700

#### Liabilities:

Mortgage/Loan on Real Estate

Ø

Loans Owed on Motor Vehicles

15,000

Business/Other Loans Owed

Ø

Other Liabilities or Debts

Ø

Total Liabilities

15,000

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Single Trips Daily	Round Trip Daily	Cherlay Wkly	Round trip Wkly
0-1 miles \$12	0-1 miles \$20	0-1 miles \$60	0-1 miles \$90
2-5 miles \$15	2-5 miles \$25	2-5 miles \$75	2-5 miles \$120
6-8 miles \$18	6-8 miles \$30	6-8 miles 90	6-8 miles \$140
9-10 miles \$20	9-10 miles \$35	9-10 miles \$105	9-10 miles \$160
annual registration	First child \$50	\$40, second/each additional	
summer registration	\$25		

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |



**INSURANCE QUOTE****This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Ravii Glover

Name of Applicant

308 Shoally Ln Greenville, SC 29607

Address of Applicant

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$ 446.02

Limits 250/500/50

The above quoted premium is for a term of 6 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

State Farm

Name of Insurance Company

308 Shoally Lane Greenville, SC 29607

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

From: Ravii Glover  
09/25/2018 09:07:12Fax: (866) 819-0482  
8642889517

To:

Fax: (803) 896-5199

09/09/2018 14:32

8642889517

→ Fax

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  
AUTO RATE QUOTE

September 07, 2018

PREPARED ESPECIALLY FOR:

PREPARED BY:

GLOVER, RAVII  
308 SHOALLY LN  
GREENVILLE, SC 29607-5087Ortiz, Cristina  
118 W BUTLER RD  
MAULDIN, SC  
29662-2535  
(864) 288-1597

H: (864) 242-0357

INITIALS: JWC

VEHICLE #1  
MODEL YEAR: 2013  
VEH. DESC: VOLKSWAGEN CC 4DRTERRITORY: 003 USE: Business  
PRIN OPER: RAVII  
COMPREHENSIVE RATING GROUP: 24  
COLLISION RATING GROUP: 23  
LIABILITY RATING GROUP: 5QUOTE EFF: September 07, 2018  
RATES EFF: October 30, 2017

POLICY COVERAGES AS FOLLOWS:

	LIMITS	SEMI-ANNUAL PREMIUM
AUTOMOBILE LIABILITY	250/500/50	\$446.02
COMPREHENSIVE \$500 DEDUCTIBLE	ACV	\$92.14
COLLISION \$500 DEDUCTIBLE	ACV	\$251.76
EMERGENCY ROAD SERVICE		\$4.50
R1 CAR RENTAL/TRAVEL EXPENSES	80%/DAY, \$500 MAX	\$9.80
UNINSURED MOTOR VEHICLE	250/500/25	\$25.79
UNDERINSURED MOTOR VEHICLE	250/500/25	\$119.97
TOTAL OF 6 MONTH PREMIUM		\$949.98
MONTHLY PREMIUM (SERVICE CHARGE NOT INCLUDED)		\$158.33
APPLICABLE DISCOUNTS:		
MULTIPLE LINE DISCOUNT		
VEHICLE SAFETY		

This example of some of the available coverages and limits is not a contract, binder, or recommendation of coverage. All coverages are subject to the terms and conditions contained in the policy and endorsements. Because the rate charged must be in compliance with the Company's rules and rates, rate quotes are subject to revision if different rates are effective at the time of policy issuance. This policy inquiry rate quote may be revised if any of the information used for rating is changed. If you have any questions, please contact my office.

07.09.2018 14:32

8642889517

→ Fax

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Exhibit Fit, Willing, and Able (FWA)

Transportation Nanny, LLC

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No



From: Ravii Glover  
02/25/07 p.m. 09-07-2018Fax: (866) 819-0482  
11 864/889517

To:

Fax: (803) 896-5199

→ Fax

C 11

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

*Ravii Glover*

Applicant's Signature

*Owner*

Title of Applicant (e.g. President, Owner, etc.)

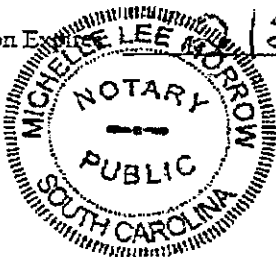
STATE OF SOUTH CAROLINA )

COUNTY OF *Greenville* )

This *1<sup>st</sup>* day of *September* 20 *18*

*Michelle Lee Morrow*  
Notary Public

Commission Expires *12/23/28*



Print Application

South Carolina Secretary of State Mark Hammond

# Business Entities Online

File, Search, and Retrieve Documents Electronically

## TRANSPORTATION NANNY, LLC

### Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated South Carolina  
State:

### Registered Agent

Agent: RAVII GLOVER

Address: 120 VANNOY STREET  
GREENVILLE, South Carolina 29601

### Important Dates

Effective Date 06/29/2006

Expiration N/A  
Date:

Term End N/A  
Date:

Dissolved N/A  
Date:

### Official Documents On File

Filing Type	Filing Date
Organization	06/29/2006

For filing questions please contact us at 803-734-2158

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